

MAOFU COVID-19 SCREENING QUESTIONNAIRE

Name:

Phone Number (mobile/home):

Reason for Visit/Position:

1. Are you currently experiencing, or have you experienced in the past 14 days, any of the following symptoms? (Please take your temperature before you answer this question.)

Temperature:

Yes No Fever (100.4° F/37.8° C or greater as measured by an oral thermometer)

Yes No Cough

Yes No Shortness of breath or difficulty breathing

Yes No Sore throat

Yes No New loss of taste or smell

Yes No Chills, head/muscle aches, nausea, diarrhea, or vomiting

1. In the past 14 days, have you been in close proximity to anyone who was experiencing any of the above symptoms?

Yes No

2. In the past 14 days, have you been in close proximity to anyone who has tested positive for COVID-19?

Yes No

3. Have you been tested for COVID-19 and are waiting to receive test results?

Yes No

4. Have you have tested positive for COVID-19?

Yes No

6. In the past 14 days, have you been on a commercial flight or traveled outside of the United States?

Yes No

Certification

I hereby certify that the responses provided above are true and accurate to the best of my knowledge.

Signature:

Date:

Access to DayHab/Group Home (circle one): Approved Denied